	ATEMENT OF DEFICIENCIES AND AN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION: (A. BLDG: _00 B. WING:		00	(X3) DATE SURVEY COMPLETED: 05/11/2023			
	VIDER OR SUPPLIER: DLOGY & COSMETIC SU	39C0001078 RGERY CENTER,	STREET ADDRESS 100 NORTH PITTSBURG	S, CITY, STATE, Z WREN DRIV	IP CODE: VE	03/11/2023	
STATE LICENS	E NUMBER: 10721500						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
H 0000	This report is the result conducted on May 19, Cosmetic Surgery Centacility was in complia 35 P.S. § 448.809 (b).	2023, at Dermatolog ter. It was determine	gy and ed the	H 0000			
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE	<u>ı </u>	TITLE:	(X6) DATE:	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:		
		39C0001078	A. BLDG:00 B. WING: 05/11/2023				
	VIDER OR SUPPLIER: DLOGY & COSMETIC SU	RGERY CENTER,	STREET ADDRESS, 100 NORTH V PITTSBURGE	VREN DRI	VE		
STATE LICENS	e number: 10721500						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE		
S 0000	This report is the result conducted on May 11, Cosmetic Surgery Censurvey that was conducted it was determined the frequirements of Department of Health's Ambulatory Care Facil IV, Subparts A and F, November 1999.	2023, at Dermatolog ter as a result of a lice eted on November 1 facility was not in co of the Pennsylvania a Rules and Regulati ities, Annex A, Title	gy and censure 1, 2022. ompliance ons for	S 0000			
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		39C0001078			<u>00</u>	05/11/2023	
DERMATO P.C.	VIDER OR SUPPLIER: OLOGY & COSMETIC SU SE NUMBER: 10721500	RGERY CENTER,	STREET ADDRESS, 100 NORTH V PITTSBURG	WREN DRIV	VE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)				ID PREFIX TAG	CORRECTIVE RETION SHOCED BE		(X5) COMPLETE DATE
S 0150	Continued from page 1 551.64 Content of plan of Co	Correction all address deficiencies the Department, the play ctive action is to be take	n shall	S 0150	Reviewed with Senior staff We are currently working with Electronic Health Record contone revise the surgical note to ability to date and authentical phases of the patient surgical. 1. Due to the complexity of the revision and training of staff involved in patient care, this completed by 7/1/2023. 2. Once completed, this will an ongoing monitor for completed and reported on a reviewed and reported on a monthly basis compliance to this standard. b. 100% of all surgical reconnective wed on a monthly basis compliance to this standard. c. Once the goal has been reader.	mpany add the ate all l stay. the That is will be become pliance 2023 and monthly tiance to ds will be	Completion Date: 07/01/2023 Status: APPROVED Date: 05/26/2023

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001078		A. BLDG: _	(X3) DATE SURVE		ΞY
DERMATO P.C.	VIDER OR SUPPLIER: OLOGY & COSMETIC SU SE NUMBER: 10721500	RGERY CENTER,	STREET ADDRESS, 100 NORTH V PITTSBURGE	VREN DRIV	VE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 0150	Continued from page 2			S 0150	on a consistent basis, 50% of surgical records will be incluted the review monthly. d. This will be an ongoing mand reported using the 10-potemplate that identifies issue problems/and resolution.	nded in nonitor oint	

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		39C0001078			_00	05/11/2023	
DERMATO P.C.	VIDER OR SUPPLIER: DLOGY & COSMETIC SU E NUMBER: 10721500	RGERY CENTER,	STREET ADDRESS, 100 NORTH V PITTSBURGE	VREN DRI	VE		
(X4) ID		OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (FACH	(X5)
PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	COMPLETE DATE
S 0150	Continued from page 3			S 0150			
	Based on an unannound	ced follow-up surve	y				
	conducted on May 11,	2023, review of faci	lity's				
	plan of correction (POC), review of documents						
	provided by the facility, review of medical records						
	(MR), and staff intervio	, , , ,					
	that the facility failed to	o follow the POC su	bmitted to				
	as accepted by the depart	artment.					
	Findings include:						
	Review of the Entries I	•	-				
	is out of compliance w						
	final anticipated compl						
	with the POC accepted	on December 22, 20	022.				
	The POC specified "	A revision of the su	rgical				
	note will be done to cle	early demonstrate the	e				
	approved authentication	n process for all pha	ses of				
	the patient 's surgical s	stay 1/2023 for all su	ırgical				
	staff involved in the ca	re of the patient					
	On May 11, 2023, revi	ew of policy "Entri	es in the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001078			00	05/11/2023	
DERMATO P.C.	VIDER OR SUPPLIER: DLOGY & COSMETIC SU SE NUMBER: 10721500	RGERY CENTER,	STREET ADDRESS, 100 NORTH V PITTSBURGI	VREN DRI	VE		
(X4) ID		OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (EACH	(X5)
PREFIX TAG		ED BY FULL REGULATORY O FYING INFORMATION)	R LSC	PREFIX TAG	CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	COMPLETE DATE
S 0150	Continued from page 4			S 0150			
	Medical Record ", last	t approved 1/9/2023.					
	revealed "Entries in	• •					
	dated and authenticated	d by the person mak	ing the				
	entryA single signature on the medical record does not suffice to authenticate the entire record. Each entry should be individually authenticated ".						
	On May 11, 2023, revi						
	MR4, and MR5 revealed	_					
	the end of the record by		•				
	all of the physician's el On May 11, 2023, at 1						
	the above findings.	1.55am, EMF 1 Com	IIIIICU				
	the above initings.						
S 6415				S 6415			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		39C0001078			<u>00</u>	05/11/2023	
DERMATO P.C.	VIDER OR SUPPLIER: OLOGY & COSMETIC SU SE NUMBER: 10721500	RGERY CENTER,	STREET ADDRESS, 100 NORTH V PITTSBURGI	WREN DRIV	VE 3	CTION (EACH	(X5)
PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION)			PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETE DATE
S 6415	Continued from page 5 563.13 (c) Entries 563.13 Entires (c) A single signature of does not suffice to authentic entry shall be individually a This REGULATION is not	uthenticated.		S 6415	Reviewed with Senior staff We are currently working with Electronic Health Record co to revise the surgical note to ability to date and authentical phases of the patient surgical. Due to the complexity of the revision and training of staff involved in patient care, this completed by 7/1/2023. Conce completed, this will an ongoing audit for compliate within our QA committee 7/2 reviewed and reported on a rebasis. Audit Criteria a. Goal will be 100% compliating standard. b. 100% of all surgical recording reviewed on a monthly basis compliance to this standard. c. Once the goal has been reader.	mpany add the ate all l stay. the That is will be become ance 2023 and monthly tiance to ds will be	Completion Date: 07/01/2023 Status: APPROVED Date: 05/26/2023

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Pennsylvania Department of Health

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001078		B. WING:		05/11/2023	
NAME OF PROVIDER OR SUPPLIER: DERMATOLOGY & COSMETIC SURGERY CENTER, P.C. STATE LICENSE NUMBER: 10721500			STREET ADDRESS, 100 NORTH V PITTSBURGE	VREN DRIV	VE		
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES) PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR LS			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6415	Continued from page 6			S 6415	on a consistent basis, 50% of surgical records will be incluted the review monthly. d. This will be an ongoing mand reported using the 10-potemplate that identifies issue problems/and resolution.	nded in nonitor nint	

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			(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		39C0001078			_00	05/11/2023		
DERMATO P.C.	VIDER OR SUPPLIER: OLOGY & COSMETIC SU SE NUMBER: 10721500	RGERY CENTER,	STREET ADDRESS, 100 NORTH V PITTSBURGE	VREN DRI	VE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
S 6415	Based on review of face medical records (MR), staff (EMP), it was dete to ensure that each entrauthenticated for five or reviewed (MR1, MR2, Findings include: On May 11, 2023, reviewed and authenticated "Entries in dated and authenticated entryA single signated does not suffice to authenticated entry should be in On May 11, 2023, reviewed (MR4, and MR5 revealed the end of the record by all of the physician's elements.)	and interview with ermined that the facty was individually of five medical record MR3, MR4, and Market MR1, MR2, MR2, MR4, MR2, MR4, MR4, MR4, MR4, MR4, MR4, MR4, MR4	facility failed ds R5). s in the should be ing the ecord ecord. cated MR3, mature at enticating	S 6415				

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER 39C0001078			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/11/2023		
NAME OF PROVIDER OR SUPPLIER: DERMATOLOGY & COSMETIC SURGERY CENTER, P.C. STATE LICENSE NUMBER: 10721500			STREET ADDRESS, 100 NORTH V PITTSBURGE	VREN DRIV	VE		
STATE LICENS (X4) ID PREFIX TAG	ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE IX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6415	Continued from page 8 On May 11, 2023, at 1 the above findings.	1:55am, EMP1 conf	ĭrmed	S 6415			

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Certified End Page

DERMATOLOGY & COSMETIC SURGERY CENTER, P.C.

STATE LICENSE NUMBER: 10721500 SURVEY EXIT DATE: 05/11/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY